Youth, Religiosity and Substance Abuse: A Nigerian Private University Experience

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Introduction
Youth and Substance Abuse

The youth are the link between the present and the future of any culture. Only a visionless society will ignore the plight of its youth and their vulnerability to social vices and life crises. The environment and other external factors influence the youth, their vibrancy and innovativeness, not withstanding. Buowari, (2013) asserts that their curiosity and tendency to explore and experiment with new activities predispose them to substances abuse and other high-risk behaviour.

Ukpokolo, (2010) posits that the Nigerian traditional and socio-cultural system provides for some unwritten codes of moral conduct and social sanctions that regulate human behaviour. For instance, a drunk was tagged an irresponsible person. Such a person becomes the theme of ridicule at social gatherings through music and other cultural forms and may not be involved in very important village or community gatherings. This stigma discourages community members from alcohol abuse. The lines of distinction between religion and culture are usually blurry, thus religion and culture supplements each other. Religion stipulates practises, rites, and conducts on one hand while the culture of the land directly or indirectly reinforces the values on the other. Nmehielle, (2004) confirms that in Northern Nigeria the culture promotes the Islamic way of life (Sharia). The Yoruba of Western Nigeria also practice a way of life is a blend of cultural and religious practices heavily laden with social taboos and prohibitions. The gradual eroding of some aspects of these cultural norms due to Western standards and ideals calls for a reexamination of the role of religious sanctions in checkmating substance abuse among the youth.

The youth are faced with various issues such as HIV/AIDS, STDs, suicide, abortion, violence, abuse, accidents, robbery, prostitution, examination malpractices and other countless societal vices. The indiscriminate use of narcotics and alcohol makes them susceptible to these problems. Most auto accidents cases are associated to substance abuse due to low mental coordination and impaired senses. Young people who engage in narcotics are more likely have unprotected sex which results to STDs, unwanted pregnancy, abortion and other reproductive health problems. The insatiable appetite for more of these vices at all cost consequently result in armed robbery and prostitution to raise the needed money. Some of the predisposing factors to substance abuse in Nigeria are peer group influence, lack of knowledge of health, mental and social implications, the media, low self esteem and parental negligence.

The addictive nature of these drugs make it hard for an individual abusing them to quit. The National Drug Law Enforcement Agency (NDLEA; 2011) in its review of 2010 activity in Nigeria pointed out that 6788 suspects were arrested at the international airports and other exits ports of the country. The majority of perpetrators were youth. What if any are some socio-cultural deterents that may serve to discourage behaviours associated with substance abuse? The focus of this article is to identify and substantiate the role of religion and spirituality in providing a deterence for youth in their relentless pursuit of the thrills of substance abuse.

The Role of Religion and Spirituality

Religion is one of the strong systems that build knowledge, values, norms and belief of people. King (2003) affirms the influence religion has over men and their fatherhood. Most religious institutions have different units of associations, groups, and social systems that work as tools for postive influence in the society. This makes it possible for youth to have peers or units they can fit into or relate comfortably with. Apart from numerous activities, religious institutions have principles, rules and doctrine to which members adhere. These factors influence the behavioural patterns of members including the youth.

Improved self efficacy is observed among individuals with good social systems such as religious organisations or institutions. Smith (2003) asserted that religious activities can cause young people to be engaged in wide range of activities such as summer camps, youth retreats, mission projects and teen conferences. There are also worship service programmes, music festivals, denominational conventions, and other socio-religious activities. These programmes tend to strengthen the religious faith and commitment of youth. Beyond religious faith and commitment, new experiences and exposure which challenge the adolescents, stimulates developmental maturity, changes aspiration positively and widens their horizons. It also boosts their self esteem or confidence; increase their level of knowledge and competencies. The youth also develop a good social

network system which in turn influences positive behaviours with spiritual, social and health implications.

Oetting (1999) identifies religion and spirituality as secondary socialization sources that socialize individuals through their influences on the primary socialization sources. Primary Socialization Theory suggests that there are actually four forms of spiritual or religious influence on substance use and deviance: These are: (1) religious institutions (2) religious identification (3) spirituality (Oetting 1999:960) (4) Religious/traditional interventions.

Oetting (1999) postulates "As secondary socialization sources, religious institutions affect drug use and deviance indirectly through their influence on the primary socialization sources. One of these influences on primary socialization is establishment of religious norms for substance use and deviance. The specific substance use norms promulgated by a particular religious institution are important. Specific religious norms can influence a wide range of behaviours. For instance, dietary beliefs of one religion which views eating certain foods as deviant, while members of another religion can eat those foods without violating religious norms" (ibid.961)

Concerning Religious Identification, Scales et al (2000) posited that belonging to a religious community and spending time in youth programs were significant developmental assets for preventing deviant behaviour. Pilgrim, et al (2004) also observed that the more time spent in religious activity, the less time available for unstructured and unsupervised time with peers, which reduces adolescent substance abuse.

Methodology

This study was a qualitative research conducted at a faith based private university in Nigeria with zero tolerance for drugs. Participants were selected by purposive sampling. There were 20 student participants who were involved with substance abuse. The students were referred to the Department of Student Support Services at the university either through the disciplinary committee or self-referral. There were also 9 parent participants who had wards who were involved with substance abuse. There were 10 participants from the university's Administration and Disciplinary Committee (ADC). The word data was collected through Narrative inquiry, structured interviews and focus group discussions. The three categories of participants and multiple sources of data allowed for triangulation that enhanced the validity of the data.

Result and Discussion

The results showed that religion informed the type of drugs used by the students. One of the student participants who was a Muslim stated:

> "(I smoke) Weed (Cannabis). Can't drink alcohol because you can't pray for 46 days. Mom did not see it as sin until she was convinced by Imam (Muslim Cleric)."

This student believed that his religion prohibited the use of alcohol but does not explicitly denounce the use of weed (cannabis) therefore he gave himself permission to use weed. The results from the study of Herd (1996) indicated that, in general, religious affiliation has moderate effects on a range of variables (e.g., norms, attitudes, bar drinking, social networks, and home drinking environment), which in turn predict drinking patterns. These results provide support for theories stressing the importance of religious denominations as reference groups that set norms and affect social behavior related to alcohol use. Oetting (1999) stated further that the individual with a high level of religious identification (like the Muslim student above), is less likely to engage in behaviours defined as deviant by that religion, including certain forms of drug use for example, alcohol.

This study also confirmed previous studies that posited that mothers' negative perception or disapproval of substance abuse influenced their children's choices of substance abuse involvement. It is worthy of note that though the students indicated strong concerns about their mothers' reactions to their involvement with substance abuse, nevertheless, they still got involved away from home, probably due to decreased maternal influence. The possibility of involving the parents thus evoked distress in the students.

Spirituality: The researcher observed in the findings of this study, that religiosity, spirituality and spiritual disciplines had a strong and pervasive influence. Oetting (1999) identified spirituality as an encounter with a higher power that becomes a permanent and fundamental part of a person's existence. It is a major source of personal strength. He or she usually believes that it increases external self-efficacy, ability to deal with their environment; internal self-efficacy, self-esteem, self-confidence, self-control, and emotional well being; and that it increases resilience and ability to deal with crises and emergencies. Some parents were emphatic that it was a lack of spirituality that made their children vulnerable to substance abuse. Here are some parents' responses:

> "Praying for him and asking for Gods divine intervention. By talking to him
> to give his life to Jesus Christ the ultimate deliverer/yoke & bondage breaker"
> "The most important thing for all- both university and family is prayers. We
> really have to pray for these students that the holy spirit touches their hearts
> convicts them so they do not fall victim of peer pressure, societal pressures
> and the will to stand firm because it is nothing but the grace of God that

helps us."

Oetting (1999) clarified the fact that a person may be deeply involved in activities and highly conforming to religious rules and beliefs (religiosity), but may not experience spirituality. This dichotomy between religiosity and spirituality explains why the students still got involved with substance abuse in spite of involvement with religious activities and disciplines such as prayer and fasting. Here are some students' responses:

> *"(I) Drew closer to God. Prayed, fasted, restricted my movement. It helped*
> *for close to a year."*
> *"Anything I pray over helps me."*

Religious/Traditional Interventions: This pervasive influence of religion and spirituality was also reflected in the preferred solutions to substance abuse among the participants. The Nigerian belief system embraces both physiological and metaphysical causes of disorders such as substance abuse. This belief makes people seek for treatment options that combine both religious traditional interventions with orthodox treatment (Olugbhile et al 2009). Different sets of participants mentioned religious activities as possible solutions to student involvement with substance abuse. For example ADC participants' responses to services the university can provide for students involved with substance abuse include the following:

> *"Apart from counseling, they should be treated physically and spiritually"*
> *(*meaning that deliverance sessions (exorcism) should be arranged for them*.)*
> *"I believe that what is being done currently is good but a dimension that*
> *may be added maybe the part of the chaplaincy unit in praying for and with*
> *the student so they can know that God can help them through their habits*
> *and struggles as the case maybe."*

Some ADC participants listed their suggested interventions by the university as follows:

> *"1. Counseling by specialized counselors. 2. Community labour rather than*
> *expulsion. 3. Prayer and fasting. 4. Referrals. (Probably for residential*
> *detoxification) 5. Adoption by committed families (in the university).*

The above responses by ADC participants indicate the posture towards a combination of orthodox and religious interventions.

Parents also subscribe to religious activities as an intervention program. According to them parents intervention programs should include:

> *"Counseling and prayers with them all the time"*
> *"Regular counseling, monitoring him and his choice of friends,*
> *praying and patiently trusting God."*

Studies have shown that the majority of Nigerians prefer spiritual healers to orthodox treatments (Adelekan et al 2001; Makanjuola & Ndom 2001; Adewuya & Makanjuola 2009; Gureje et al 2005; Lasebikan, Ephraim-Oluwanuga, Olley & Kola 2005). Adelekan et al (2001) stated that traditional mental health practitioners (TMHP) also known as spiritual healers agree that substance abuse is a cause of mental illness and they claim to have treatment for such disorders. It was also advocated that TMHP should be incorporated into government drug abuse control practices. The practice implication for participants of this study indicating a combination of conventional drug treatment practices such as counseling, drug testing etc, in combination with alternative religious interventions such as praying, fasting and exorcism, without ignoring collaborative work with families of students involved with substance abuse and also recognizing those options and provide a service environment that allows family members to explore alternative options (Olugbile et al 2009). It also informs service linkages with religious agencies or other units on the university campus, such as the chaplaincy unit that may provide spiritual support for the students and their families.

Obot (2001) highlighted an intersection between the extended family involvement in substance abuse treatment and traditional healing methods. He stated that family unity comes to play when a traditional healer requests the presence of members of the family during the treatment process. All family members endeavour to be present in order to demonstrate their support for the treatment process and to prevent any suspicion that they may be diabolically responsible for the problem.

Recommendations

It is important to identify why religious activities may not, sometime, have significant effects on youth. Inadequate supply of programmes or activities by the religious bodies can produce low significant effects. In addition, lack of engagement in such religious bodies, specific detrimental events (such as the divorce of parents, unreconciled crisis with people in the religious community), counterinfluence from neighbourhood, media and school can significantly reduce the chances of a youth abstaining from substance abuse. Therefore, religious bodies should recognise and consider these factors or lapses in the course of their activities which will enable

them create a channel for feedback and appraisal. Confidentiality is a great asset because the youth count on it so that they can open up.

In Nigeria, there are four major Treatment /rehabilitation methods in use, which are Non-Governmental Based Treatment/Rehabilitation; Community Based Treatment/Rehabilitation; Hospital based Treatment/Rehabilitation; Religious/Faith Based Treatment/Rehabilitation (National Drug Law Enforcement Agency, 2009).   This can help Religious institutions incorporate other programmes and strategies that are unique to their environment while collaborating with government agency and non-religious groups in their communities.

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